

Signature of Inspector delivering sample to Laboratory:	Laboratory Number(s):
Sample Numbers of Inspector who collected samples:	Date Collected:
Name of <b>Establishment/Plant/Individual</b> -Include Address and Phone Number:   <hr/> Sample origin:	Date Received in Laboratory: _____ Time: _____ Initials: _____  Condition received in Lab.: On ice _____ Frozen _____ Room Temp. _____  Other: _____
Send results to: Name/Title: Address:   Phone: _____ Fax: _____	Date results submitted to Supervisor:

Specific Instructions:

Assignment:

Date: \_\_\_\_\_

**Reason for sample submission:** Inspection: \_\_\_\_\_ Salvage: \_\_\_\_\_ Embargo: \_\_\_\_\_ (Tag # \_\_\_\_\_ )  
 Complaint: \_\_\_\_\_ General Complaint # \_\_\_\_\_ or Foodborne Illness: \_\_\_\_\_ Foodborne Illness Complaint # \_\_\_\_\_ Date purchased: \_\_\_\_\_

Massachusetts Department of Public Health

State Laboratory Institute

Food Microbiology Laboratory

**Product Information****Lab Results**

Lab. Number	Inspector Number	Sample Description	S'	Description Type of Container  Sealed/Open	Code/ Date	Net Wt/Vol Or Gross Wt/Vol	<b>Results</b>					
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S': Indicates source of sample: Consumer-(C), Retail-(R), Manufacturer-(M), Distributor-(D), Follow-up-(F), Other-(O) <10 = not found at 1:10 <100 = not found at 1:100 <1000 = not found at 1:1000

\* = Violation NF = Not Found NA = Not Applicable \*\* Results suggest further investigation of ingredients or food handling procedures is recommended.

Date analysis completed: \_\_\_\_\_ Date Reported: \_\_\_\_\_ Analyst(s): \_\_\_\_\_ Reviewed By: \_\_\_\_\_ Leftover sample in lab: Yes: \_\_\_\_\_ No: \_\_\_\_\_

REMARKS:

Rev.. 9/05

# **Sample Continuation Sheet**

## **Product Information**

## **Lab Results**

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